

MINUTES

Braam Oversight Panel
Office Building 2, Lookout Conference Room
Olympia, WA
March 14, 2011

Panel Members: John Landsverk (Chair), Jan McCarthy, Jeanine Long, Jess McDonald, Dorothy Roberts

Panel staff: Carrie Whitaker Hennen

Plaintiffs' Attorneys: Casey Trupin, Erin Shea McCann, Bill Grimm

Attorney General's Office: Steve Hassett, Carrie Wayno

DSHS Staff: Denise Revels Robinson, Elizabeth Jones, Becky Smith, Jeanne McShane, Rich Pannkuk, Ken Nichols, Myra Casey, Randy Hart, Marty Butkovitch, Joel Odimba, Nancy Sutton, Dawn Tatman, Deborah Purce, Chris Trujillo, Nicole Muller, Mary Anne Lindeblad, Christy Garcia, Candace Goehring, David Del Villar Fox

Others: Beth Canfield, Ron Murphy, Dave Wood, Megan Palchak

Note: The minutes are a general summary of discussion and do not attempt to document every comment. The minutes are supplemented by the attached materials and handouts used during the meeting

Introduction

John Landsverk called the meeting to order at 9am. He provided an overview of the agenda for the day's meeting. He noted that the last public meeting of the Braam Panel before the Settlement Agreement is scheduled to end will be held on June 6- 7, 2011.

Children's Administration Updates—Denise Revels Robinson, Assistant Secretary

See handout: CA Updates, Denise Revels Robinson

http://www.braampanel.org/MinutesMar11_CAUupdates.pdf

Denise Revels Robinson noted that all of the Regional Administrators were in attendance at the meeting. She stated that Secretary Susan Dreyfus planned to stop by the meeting later in the day to greet the Panel. Denise also noted that March is National Social Work Month, and she asked the Panel and others to join her in recognizing and honoring the important work of her fellow social workers in improving the lives of Washington's children and families.

Child and Family Services Review (CFSR)

Denise reminded the group that the on-site visit for Washington's CFSR had taken place in September 2010. She noted that the final report from that visit has not yet been received, but is expected very soon. She said that work on the Program Improvement Plan (PIP) is underway based on the discussion with federal partners at the close of the on-site review. The PIP will be due 90 days after the final CFSR report is received.

Denise said that the areas of strength and the areas in which improvements are needed identified during the CFSR review had not come as a surprise. Of the seven systemic factors examined by the CFSR, Washington state performed high on the following five: statewide information system; quality assurance system; state and provider training; agency responsiveness to the community; and licensing, recruitment and retention. The CFSR identified two systemic factors on which Washington needs to improve: court case review system and service array and resource development.

Denise noted that the federal onsite review recognized significant progress in Washington's child welfare system since the last review in 2003. The review also recognized the state's work in engaging key stakeholders including tribes, community partners and others.

Denise said that the CFSR process had highlighted additional areas in which Washington State could improve, including consistency of practice and training; parent and family engagement; timely permanency; child safety; reducing disproportionality; and stronger oversight of partners and contractors. She noted that these themes will be the focus of improvement efforts in the PIP.

Performance-Based Contracting Request for Proposals

Denise reminded the Panel that HB2106 requires the Department to reduce the total number of contracts and implement performance-based contracts. She reported that the request for proposals (RFP) for performance-based contracting (PBC) for services was released on February 18. She noted that the RFP for PBC is intended to reduce and consolidate contracts through regionally-based lead agencies.

Denise indicated that the final RFP was significantly different from the draft version that had been released for public comment. The Department received 1,300 comments from private providers, community partners and the Washington Federation of State Employees and made numerous changes based on these comments. The RFP clarifies the roles of state employees and private contractors.

Denise noted that agencies had been required to submit an 'intent to bid' letter by Friday, March 11, and questions from potential bidders were due in writing by Monday, March 14. The Department will publish responses to these questions by Tuesday, March 29. Proposals are due on May 9. A team of reviewers without a conflict of interest (or the appearance of a conflict of interest) will be chosen to review the proposals. The goal is to sign contracts in July 2011. After a transition period, contractors will be required to demonstrate readiness before services begin.

Denise noted that this represents a major change in how child welfare services will be delivered in Washington State. There will be a strong focus on outcomes for children and families, as well as attention to access and availability of services statewide. As part of this process, there will be joint training for public sector and private agency staff on the wraparound model of providing services to children and families.

Panel members asked how many agencies had submitted letters indicating that they intend to respond to the RFP. Denise noted that she would check with DSHS procurement staff about the rules for sharing this information, but that she hoped to release this information publicly as soon as possible.

Jan McCarthy asked about the relationship between Lead Agencies and their subcontractors, including whether it is expected that Lead Agencies will enter into performance-based contracts and hold subcontractors accountable for outcomes. Denise responded that the Department will hold Lead Agencies responsible for the outcomes of services they provide directly or through subcontract. She said that the RFP identifies expectations about service provider networks, and she said that the Department values diverse provider networks that include smaller grass roots organizations as well as larger agencies. She said that agencies responding to the RFP need to show how they will manage their subcontractors and ensure quality services.

Jeanine asked about the possibility of duplication of responsibilities under this model. Denise replied that CA is making internal changes in order to manage outcome-based contracts. This requires reorganizing and consolidating business functions. Rich Pannkuk clarified that Children's Administration is looking at current staffing in the areas of contracts, fiscal services, and Title IVE eligibility to see how these units can be better organized in order to manage performance-based contracts.

Denise Revels Robinson noted that CA will have performance evaluation managers (PEMs) reviewing fiscal as well as programmatic work of the contractors. The PEMs will conduct on-site reviews and look at and track performance data for lead agencies and subcontractors. CA will report this information publicly. She clarified that the PEMs will be part of the Department's quality assurance team. There will not be new funding for these positions. Existing staff will be reorganized.

Jess McDonald asked whether CA will maintain responsibility for monthly health and safety visits, or whether this will shift to the contractors. Denise said that in phase 1, CA retains case management responsibilities, and therefore will remain responsible for monthly visits.

Jeanine Long suggested that an organizational chart would help in illustrating roles and responsibilities of contract management staff. Denise agreed, and said that CA is working on this. Elizabeth noted that the meeting packets include a description of CA and Lead Agency Roles and Responsibilities as well as an overview of family team and service planning meetings.

Training and professional development

Denise noted that CA is collaborating with the University of Washington School of Social Work, Eastern Washington University School of Social Work, and Partners for Our Children to strengthen training and professional development for social worker, supervisors, caregivers, contracted providers, and Tribes.

Jess McDonald asked whether private agencies would be invited to participate in these training opportunities. Denise replied that private agencies and tribes would be able to access these trainings.

Denise noted that a workgroup of foster parents and relative caregivers worked with CA staff to develop recommendations about caregiver training. She said that the workgroup is revisiting its recommendations in response to questions and recommendations she identified. The recommendations relate to both in-service and pre-service training, and seek to make caregiver training more contemporary and better suited

to help caregivers meet the needs of children in their care. She said that the Department would provide the Panel with an update on this process at a future date.

Regional consolidation

Denise noted that as part of its cost cutting measures, DSHS is currently in the process of consolidating from six regions to three regions. Regions 1 and 2 will be combined into the new Region 1; Region 3 and 4 will become Region 2; and Regions 5 and 6 will become Region 3. The consolidation will result in the elimination of 19 positions across the Department, five of which are within CA.

Denise noted that CA has been working to identify three Regional Administrators to lead the new regions. The new regional structure within DSHS will have a stronger emphasis on collaboration across administrations within the Department. The 3 Regional Administrator positions will be an extension of the DSHS Executive Leadership Team.

Bill Grimm asked when the consolidation will take place. Denise said that the Department needs to show budget savings beginning in May of this year, and the process of consolidation has already begun.

Jess McDonald noted that the Department has always reported data for Braam measures for each of the current six regions. Carrie Wayno replied that the data that the Department has already committed to provide to the Panel for the remainder of the fiscal year will continue to be disaggregated for the six regions. If the settlement agreement is extended beyond the current fiscal year, this will need to be discussed.

Jeanine Long asked whether Denise is concerned about the quality of work, and wondered whether staff will be able to function as well when they are spread more thinly. Denise replied that the consolidation presents challenges and opportunities. The Department is still working on the details of the infrastructure and organization, including the roles of Deputy Regional Administrators and Area Administrators. She said that this consolidation will require the Department to work as a team and to build on its strengths.

Dorothy Roberts asked for clarification on how the regions will be consolidated. She asked whether there would be subregions corresponding to the existing regions, or whether the divisions would completely disappear. Denise replied that there will be regional hubs and secondary hubs in the regions. Although some of the operational details are yet to be worked out, the consolidation means that there will be 3 regions and no subregions. She noted that CA will maintain the community presence in the secondary hub locations, and that a deputy Regional Administrator or an Area Administrator will be in charge in those offices. She indicated that she would like to see the consolidation result in greater consistency of practice across the state.

Jeanine Long expressed concern about the impact of the consolidation on Braam data. She noted that if future data are reported showing three regions, it will not be possible to compare performance over time with the 6 regions for which the Panel has received data since the start of Braam. John Landsverk reminded the group that under the current settlement agreement, the Panel has just issued its last monitoring report

and the Panel's last scheduled meeting is in June 2011. The question of Braam reporting by region and comparisons over time is only an issue if the settlement agreement is extended.

Erin Shea McCann asked how the consolidation affects the RFP process, which had been structured around lead agencies operating in the 6 DSHS regions. Denise replied that no change had been made to the RFP. She noted that the new regions are very large, and they did not want to assume that any single Lead Agency would be prepared to cover the larger regions.

Budget Update- Rich Pannkuk

Rich Pannkuk reminded the group that Washington uses an incremental budgeting process, and the budget includes both a maintenance level budget and a policy level budget. During the current legislative session, the Legislature has been working on a supplemental budget to balance the budget for the remainder of the current state fiscal year, and will now be addressing the biennial budget for 2011-2013. He noted that the extraordinarily difficult economic situation has continued, and that the budget process can be confusing as a result of continued revenue shortfalls requiring new budget cuts.

Rich noted that after the Panel's last meeting in December, a special legislative session had been convened to implement further budget cuts for the current state fiscal year. This special session resulted in the passage of HB3225, which included \$21.7 million in cuts to Children's Administration's budget. However, these cuts were almost all part of the 6.287% across the board reductions that had been previously ordered by the Governor. In other words, the Legislature required Children's Administration to implement only a very small amount of additional reductions on top of the 6.287% reductions that were already expected.

Rich noted that yet another round of cuts for the current fiscal year had been implemented in February 2011. This resulted in an additional \$11.4 million in cuts for Children's Administration. Taken together, the reductions in December 2010 and February 2011 represent \$33 million in reductions to the budget for the current fiscal year.

Rich noted that a new revenue forecast would be coming out on March 17, after which the Legislature would be focusing on the new biennial budget.

Legislative Update- Bills of Interest

David Del Villar Fox noted that there has been a marked decline in the number of bills affecting Children's Administration since the passage of HB2106, as legislators are watching to see the impact of the many changes brought about by that legislation. In a typical year, CA tracks progress of about 400-500 bills; this year, CA is tracking only about 100 bills. He noted that many of these bills are of interest because they would affect the population served by CA or would affect CA's partner agencies, but they would not necessarily directly impact CA.

David provided an update on the following bills:

- HB 1015- Immunization exemption
- HB 1021- family law and adoption cases

- SHB 1105-Child fatality reviews and autopsy reports
- 2SHB 1128- Extended foster care
- 2SHB 1267- Domestic partners/ parentage
- HB 1293- Child care/ info disclosure
- HB 1419- Background check information
- SHB 1697- Unannounced social worker visits
- ESHB 1774- Definition of relative and suitable person related to adopted siblings/ parents
- SHB 1858- DSHS authority related to SCRC, CRC, HOPE center co-location
- ESHB 1902- Child welfare services, B&O tax exemption
- 2SHB 1903- Child care background checks
- ESB 5005- Immunization exemption
- ESSB 5020- Social worker classification
- SB 5395- Domestic violence fatality review panels
- ESSB 5605- State worker (CPS) liability
- ESSB 5656- State Indian Child Welfare Act

There was additional discussion of 2SHB1128, pertaining to extended foster care. David noted that this bill has gone through several variations. Casey Trupin noted that the bill would allow youth finishing high school or a vocational technical program to be eligible for extended foster care. These youth currently receive services to age 21, but the legislation would allow the state to collect federal funding for this population as enabled by the federal Fostering Connections legislation. Casey stated that this is a step toward fully implementing extended foster care in Washington State. Jan McCarthy asked whether this would impact youth between the ages of 18 and 21 with developmental disabilities. David replied that these youth currently receive services, and the legislation would not change that.

Initial Health Screens

Nancy Sutton, Regional Administrator from Region 5, provided an update on initial health screens, noting that all regions have developed partnerships with local medical providers to provide Initial Health screens and medical homes for children in out-of-home care.

Nancy also noted that a preliminary report is available from FamLink showing the proportion of children entering out-of-home care who received an initial health screen. The report shows that 31% of children entering care during December 2010 received an initial health screen within 5 days of entering care. An additional 52% received an initial health screen, but it was not within 5 days of entry to care.

Elizabeth Jones explained that the report is still being validated and refined in FamLink. The data represent an undercount, because the report does not currently account for children who entered care and returned home within 5 days or those who meet the exceptions to the policy requiring initial health screens (such as children who are placed directly from the hospital or receiving services through a Child Advocacy Center, a sexual assault clinic, or a Pediatric Interim Care program). She said there are additional data integrity issues as well and the Department is working to try to improve the report so that it more accurately reflects

performance. Currently, FamLink does not have a way to capture the exceptions to policy and the Department is exploring ways to identify a way to track this information and estimate the volume in the interim.

John Landsverk noted that this is the first time the Panel has received statewide data on initial health screens. Panel members agreed that this represents an important step forward on this issue.

Comments from Plaintiffs' Counsel- Casey Trupin

Casey Trupin reported that plaintiffs have been pleased to see progress on a number of Braam outcomes, including runaways, CHET screens, monthly visits, and placement stability. He said that there are a number of areas of continued concern including sibling visits and contacts, placement of siblings together, and caseload size.

Casey indicated that plaintiffs are very concerned that the state's budget problems will result in cuts that negatively impact performance on Braam outcomes. He expressed concern about budget cuts including significant reductions to behavioral rehabilitation services (BRS) programs, foster parent support, supervised visits, street youth (and the possible impact on runaways), and transportation.

Casey reiterated that HB1128 is an important first step toward providing extended foster care services to all youth between the ages of 18 and 21. In addition, he mentioned HB1697, which would provide for unannounced social worker visits to foster homes. He noted that although foster parents have some legitimate concerns about this bill, the legislation creates a way to identify the very small minority of foster homes that are not safe.

Casey again lauded the Department and the Regional Administrators for progress on Braam outcomes. He expressed concern that the consolidation from 6 to 3 regions would have a negative impact on quality of services. In addition, he said that it would be problematic if this change in regional structure makes it impossible to see performance trends over time.

Panel Presentation on Monitoring Report #10- Carrie Whitaker Hennen, Braam Panel Executive Coordinator

See handout: Braam Panel Presentation- Summary of Monitoring Report #10
http://www.braampanel.org/MinutesMar11_MonRept10.pdf

John Landsverk noted that the Panel had recently issued a Monitoring Report that includes performance data and findings with respect to Braam outcomes and benchmarks for FY10.

Carrie Whitaker Hennen gave a presentation providing an overview of the Monitoring Report's findings. The presentation reviewed the action step, outcomes, and informational reports sections of the monitoring report. With respect to Braam outcomes, the presentation also provided information on which outcomes have shown improved performance over time.

Bill Grimm asked whether data submitted by the Department show the impacts of the budget cuts. Carrie Whitaker Hennen reported that the monitoring report looked at data for FY10, but that some of the monthly and quarterly data provided by the Department reflect performance for more recent periods. For example, the Department has provided reports on monthly visits through December 2010, which is after the temporary furloughs were extended to social work staff.

Meeting the Health Care Needs of Children in Out-of-Home Care- Mary Anne Lindeblad, Assistant Secretary, Aging and Disability Services Administration

See handout, slides 3-10: Updates from Children's Administration and Aging and Disability Services Administration- Slides: http://www.braampanel.org/MinutesMar11_CApresentation.pdf

Mary Anne Lindeblad stated that she was pleased to continue overseeing the Fostering Well-Being program, even after recent reorganization of the Medicaid program and within DSHS. She reported that a lot of progress has been made in ensuring that the health care needs of children in foster care are being met, but that it is necessary to identify better ways of coordinating care, assuring that all children have a health home, and integrating medical care with other services such as mental health. She said that the state continues to try to learn from other states and other models in improving health care services for children in foster care and other vulnerable populations. She noted that Washington is also seeking to build off work underway at the federal level that attempts to improve measurement of health care outcomes. Mary Anne noted that the state has recently developed a vision for children's mental health, and is working on ways to improve its ability to share information with providers, families and foster parents.

Jan McCarthy asked for clarification as to why the Fostering Well-Being Program is no longer housed within the Medicaid administration. Mary Anne clarified that in May 2010, the Governor had issued an executive order that moved the Medicaid Purchasing Administration to the Health Care Authority. The goal is to create a larger purchasing unit across state health care programs, by bringing together Medicaid services, the Basic Health Program, employee health care, etc. However, the policy side of Medicaid programming, including Fostering-Well Being, remains within DSHS.

Mary Anne introduced Christy Garcia and Candace Goehring, who provided an update on the activities of the Fostering Well-Being program.

Christy reported that 6,095 children were newly placed into foster care and determined eligible for Medicaid during CY2010. She noted that Child Profile immunization reports were sent to caregivers for each newly placed child.

Jess McDonald noted that children entering foster care often have not received regular medical services before placement. He asked what proportion of children entering care was current on immunizations. Christy reported that she was not sure of the overall figures. She reported anecdotally that many of the children served by her team (the care coordination unit) are behind on immunizations.

Candy Goehring stated that the Fostering Well-Being team is trying to obtain data to compare children in foster care with the rest of the Medicaid population, and to improve indicators such as the proportion of children who are current on immunizations. Mary Anne Lindeblad clarified that there is data on overall immunization rates, but these data do not specifically identify children in foster care. She noted that Washington State has one of the highest immunization exemption rates in country as a result of very liberal exemption laws.

Christy Garcia noted that the Foster Care Medical Team establishes Medicaid eligibility for children as soon as they enter placement. When a child remains in foster care for 30 days, the team automatically requests all of his/her medical records and uploads this information into FamLink.

Christy reported that in November 2010, the team began mailing PRISM health reports to caregivers of newly placed children under 13. She noted that the foster parent receives a hard copy of the report by mail, and the same report is uploaded into FamLink. For children referred to the care coordination unit, the team will also send the report to the primary care provider.

Bill Grimm asked whether there is any tracking of the use of psychotropic medications for children in foster care. Mary Anne Lindeblad noted that Jeff Thompson, Medical Director for the Medicaid Purchasing Administration, has been a leader on this issue. There are policies requiring second opinions for prescription of psychotropic medications, and there are efforts to examine dosages and look at situations in which children are prescribed psychotropic drugs by multiple prescribers. Mary Anne said that she could provide the Panel and plaintiffs with a copy of policies on this issue. Denise Revels Robinson suggested that it may be possible to invite Dr. Thompson to the next Panel meeting to give a presentation on this issue. Jess McDonald asked for clarification regarding who must consent to having a child receive psychotropic medications. Carrie Wayno noted that the Department first attempts to obtain consent from the parents; if this is not possible, a court order would be sought.

Christy Garcia continued with an update on the work of the care coordination unit, strategies for improving medical records requests, and plans for the Fostering Well-Being program for 2011. (*see slides 5-10, http://www.braampanel.org/MinutesMar11_CApresentation.pdf*).

John Landsverk asked whether the Fostering Well-Being (FWB) and Foster Care Medical Team staff is co-located with social workers in Washington. He was told they are not, and he asked who social workers are supposed to contact when they have questions about a child's medical issues. Christy replied these questions can be handled by the FWB Care Coordination Unit or the Regional Medical Consultants.

Jan McCarthy noted that the federal Fostering Connections legislation requires states to plan for care coordination for all children. She asked how care is coordinated for children who are not referred to the care coordination unit. Mary Anne Lindeblad replied that the expectation is that health care providers will provide that care coordination. She noted that the Department is working toward the goal of ensuring a health home for every child. She stated that the current reimbursement methodology does not support health homes, but there are efforts (in collaboration with other large insurers) to pilot changes in

reimbursement that would support medical homes. Jan McCarthy asked whether the social worker is responsible for care coordination until it is standard practice to expect providers to function as care coordinators. Christy said that they are, and that medically complex cases are referred to the care coordination team. She said that CHET screeners are also important to this process, and they communicate directly with primary care providers.

Candy reported that the Department has a lot of information about children who are receiving medical care, but they are concerned about children who are not having their needs met. She reported that they are currently looking at data on children with a hospitalization or an emergency room visit, but no follow up within the following 30 days. She noted that the Department needs to be sure that these children do not fall through the cracks.

Christy Garcia noted that the care coordination team has received many emails and letters thanking them for their efforts to link children with complex medical needs to needed services. She read an email 'success story' that demonstrated that these efforts can make a real difference in the lives of children and families.

Children's Administration Presentation of Monthly Informational Data

See handout: Monthly Informational Performance Reports

http://www.braampanel.org/MinutesMar11_Monthlydata.pdf

Caseload Size

Randy Hart, Regional Administrator from Region 3, reviewed the most recent data showing that 75% of social workers had caseloads of 18 or fewer children as of February 2011. He noted that there has been significant improvement on this measure over the past 18 months.

Randy noted that Region 5 had the lowest performance on this measure, with 66% of social workers with caseloads of 18 or below. He explained that there has been an increase in dependency filings in the region over the past year. Jeanine Long asked for clarification, indicating that she had understood that the problems with caseload size in Region 5 resulted from staffing problems. Nancy Sutton explained that the vacancy and turnover issues in the region have improved, and that the current challenges relate to the increased number of children entering care.

Randy Hart noted that CA has worked hard to manage caseloads, including moving staff between offices and assigning cases to staff who had been in non- case carrying positions. He also noted that significant improvements in permanency rates have led to decreased caseload sizes. This is a result of efforts to improve tracking of progress toward permanency, minimize court continuances, provide in-home services to prevent placement, and achieve guardianships under new state legislation that allows dismissal of the underlying dependency. Family Team Decision Meetings are also being expanded to address issues related to timely permanency. In addition, the state has launched several projects to improve permanency rates, including work on permanency roundtables with Casey Family Programs.

Jeanine Long asked for clarification about the number of children being adopted. Randy noted that historically, approximately 1100-1200 children were adopted each year. Over the past three years, this number has increased to about 1500 per year. During FY11, the state expects to achieve an even larger number of adoptions.

Casey Trupin noted that the percentage of social workers with caseloads of 18 or less had declined from 79% in January 2011 to 75% in February 2011. He asked whether this is related to the budget, temporary furloughs, or something else. Randy Hart said that there are a number of factors. It has become harder to improve on this indicator, but the state remains determined to improve and is constantly working to manage caseloads more effectively.

Bill Grimm asked for clarification about Randy's statement that some non-case carrying staff are now required to carry cases, and he asked about how these staff have been prepared for these responsibilities. Randy said that in the vast majority of these situations, these staff members were exceptional social workers before they joined the regional offices. In some cases, this has resulted in increased workload for other staff in the regional offices in order to send some staff back to the field. He said for example in Region 3 that about 10 non-case carrying staff members have returned to case carrying roles over the past few

Bill asked whether data on social worker retention are available. Randy said that in the early 2000s, when the economy was strong, the turnover rate was higher, because social workers were able to leave for other opportunities. In addition, at that time, CA was adding large numbers of social workers each year, so the caseworker population had less experience on average. Now, with the bad economy, the turnover rate is low and the workforce is more experienced than it was a few years ago.

Elizabeth Jones reminded the Panel that the data CA has been reporting on caseloads is a proxy measure based on estimated counts. She reminded the group of a technical assistance session involving CA, plaintiffs' counsel, John Landsverk and Jess McDonald in September 2010 at which improvements to the caseload report were discussed.

See handout, slides 12-23: Updates from Children's Administration and Aging and Disability Services Administration- Slides: http://www.braampanel.org/MinutesMar11_CApresentation.pdf

Chris Trujillo discussed the overall principles that have guided CA's development of an improved caseload report: one tool for consistent management, monitoring, and reporting; the report must provide caseload and social worker information for all major program service areas; and case weighting of caseload data should be limited as much as possible.

Jess McDonald asked for clarification on the type of caseload information CA is required to report to the Governor's office. Chris replied that CA reports to the Governor on caseload averages for each of the major program areas (Child and Family Welfare Services [CFWS], Child Protective Services [CPS], Family Voluntary Services [FVS], Family Reconciliation Services [FRS]).

Elizabeth Jones noted that questions had been raised at the September 2010 technical assistance meeting regarding how mixed caseloads are treated in the new caseload report. If the caseload report is changed to examine only child and family welfare services (CFWS) cases, Panel members had asked how data would be provided showing caseloads for social workers with mixed caseloads. Elizabeth reported that CA had conducted further investigation of the question of mixed caseloads.

See power point presentation, slides 16-18

Elizabeth reported that 199 of 1167 social workers have mixed caseloads, meaning that they serve children in more than one program area. Of these, 43% do not serve a child in the Braam class. CA conducted further analysis of blended caseloads, and found that many are social workers who primarily work in one area (for example, CPS), but serve a small number of children in CFWS. In addition, there are also some social workers, usually in smaller offices, who serve a true mix of cases, with several cases across several different program areas.

Elizabeth noted that the new caseload report for Braam will look separately at the percentage of CFWS social workers with caseloads at or below 18 and the percentage of social workers with mixed caseloads with at least 30% CFWS assignments with caseloads at or below 18.

Steve Hassett clarified that in the current report, any social worker with at least one Braam case on the day caseloads are measured is included in the Braam counts. This means that a social worker who works almost entirely in CPS but has placed a child and has not yet transferred the case on the day of the report are captured. CA feels that this does not accurately reflect social workers who are truly working on Braam cases. The new methodology will include only workers who are carrying mixed caseload on an ongoing basis.

Panel members expressed concerns about this change. Jeanine Long expressed concern that a change in the methodology will make it impossible to compare caseload measurements over time. Casey Trupin pointed out that a report using the old methodology could still be produced for informational purposes. Elizabeth Jones noted that this creates additional work to produce two sets of reports, and stated that it would be confusing to have two different sets of data, especially when the Department feels that the current methodology is inaccurate. Steve Hassett pointed out that trend data for this outcome are limited whether or not this change is made, because there were major differences between CAMIS and FamLink in terms of how caseloads are measured.

John Landsverk clarified that CA has not yet made the change to the new methodology, and said that his understanding is that the Department was asking the Panel for a decision or response as to whether the new report is acceptable for Braam purposes. Steve Hassett indicated that the Department values the Panel's input, but needs to move ahead with the new caseload report to meet its own managerial needs. John Landsverk noted that if a change of this sort is to be made, this is a good time since it coincides with the scheduled end of the Braam Agreement. If the settlement agreement is extended, the parties can discuss how this issue should be handled.

Jess McDonald asked how this new report helps the Department to manage more effectively. Denise Revels Robinson replied that the existing reports do not include descriptive information by each program area. The different programs are grouped together, which does not give enough information. She stated that different programs should have different caseload standards- for example, there should be a lower caseload ratio for children being served in their own homes because there is more risk and more intensive need for contacts with the family. A more refined report will help manage toward these different standards.

Steve Hassett commented that the Department has counted every social worker who has even a single Braam case. He said that this is not an acceptable methodology for management purposes. Steve said that the new report will be more helpful by providing information on social workers who genuinely have mixed caseloads, rather than those who primarily work in other program areas but are serving a member of the Braam class on a temporary basis prior to case transfer.

Nicole Muller, speaking from the perspective of managing in the field, indicated that the new report is much more useful because it allows the user to drill down to see caseloads by worker and supervisor and in specific program areas.

Jess McDonald expressed continued concerns about the new methodology. He noted that the Braam settlement is intended to provide protection to all children who are members of the Braam class. If a child who is a member of the Braam class is being served by a social worker who is primarily a CPS worker, it doesn't change the fact that that child is in the Braam class and therefore should receive all of the protections spelled out in the Braam agreement. He commented on the example presented by the Department in which a child on a CPS worker's caseload enters placement and has not yet been transferred to a CFWS worker at the time the caseload report has been run. He noted that the time of placement is very intense, and the social worker needs to have the time to make sure that all activities related to a new placement can be performed. That worker's caseload is therefore very relevant to Braam, and should not be excluded from the caseload report.

Casey Trupin agreed. From a quick glance at the numbers presented by CA, he estimated that approximately 100 children who are members of the Braam class but are served by social workers who work primarily in other program areas would be excluded if the Department uses its proposed new methodology to report on Braam caseloads.

Jess McDonald agreed, and said that no child in the Braam class should be served by a caseworker with more than 18 cases, regardless of whether or not the worker is primarily a CFWS social worker. He reiterated that there are activities in the first 30 days of placement that are critically important, and that if these cases are in transit between social workers in different program areas, it is important that the data reflect them.

Jan McCarthy stated that the Department's goal of creating a report that looks at caseloads separately for different program areas is laudable. However, she said that she disagrees with the plan to exclude workers

whose caseloads are less than 30% CFWS cases from the counts. Steve Hassett reiterated that the Department feels that the current methodology skews the data, by counting social workers who serve only one or two placement cases that are about to be transferred to a CFWS social worker. Jan disagreed, saying that the Braam measure needs to include all Braam children.

John Landsverk summarized the discussion, noting that the Panel did not agree with the Department's plan to change the way in which caseloads are reported.

Casey Trupin stated that plaintiffs' counsel have a fundamental problem with excluding children in the Braam class, and would not find that approach to be acceptable. He said that there would not be any problem with breaking down the data differently, but a methodology that specifically excludes children in the class is not acceptable.

The Department agreed to revisit the proposal for meeting the Braam Settlement Agreement caseload reporting requirements and would follow up with the parties. The Department shared they plan to present the new caseload report at the June Panel meeting and then transition to a report using the new data and refined methodology that provides a more accurate count beginning with the July 2011 monthly report.

DSHS Secretary Susan Dreyfus

Secretary Susan Dreyfus visited the meeting to greet the Panel and to share work that is being done across the agency. She spoke about collaborations between JRA and CA to improve services to adolescents, as well as efforts between the Aging and Disability Services Administration and CA to improve services to children and parents with disabilities. She spoke about work underway to make wraparound services available on a statewide basis. Secretary Dreyfus also discussed exciting work being done with the Office of the Superintendent of Public Instruction to improve educational outcomes for vulnerable populations, including children from families involved in multiple social service systems. Secretary Dreyfus noted that the dire economic times require the Department to be more creative than ever, and to work collaboratively within the agency and with other Departments.

Bill Grimm commented on the presentation earlier in the day about the Fostering Well-Being program. He commended the Department for its efforts in this area, and expressed hope that this work would continue despite the budget challenges.

Dorothy Roberts asked the Secretary to explain the opportunities she sees for system coordination in the budget crisis. Secretary Dreyfus replied that when times are good, the temptation is to make small changes and call that reform. She said that the budget challenge has forced the Department to do more with less and to embrace a 'one department' framework and an emphasis on outcomes.

Children's Administration Presentation of Monthly Informational Data (continued)

Monthly social worker visits

Randy Hart reported that the percentage of children receiving a social worker visit was 94% in December

2010. This compares with 92% in November 2010. Performance was higher than 95% in each month from April- October 2010.

Randy noted that November 2010 was the first month that social workers were subject to temporary layoff days, and this may have impacted performance during that month. In addition, much of the state experienced snowstorms during November that may have impeded caseworkers' efforts to complete visits. He noted that there had been a slight rebound in performance in December, possibly because staff had time to get used to planning around the temporary layoff day.

Randy said there continues to be intensive tracking and follow up on monthly visits. There are still occasional missed visits as a result of personnel issues, some data clean up issues, and reports from social workers in other states on Interstate Compact for the Placement of Children (ICPC) cases remain a challenge.

John Landsverk noted that overall performance on a monthly basis was very high during 2010, but he asked whether there is any information as to whether there are children for whom visits are missed repeatedly. Randy replied that administrators and quality assurance staff track this issue very closely. There are a very small number of children who are not visited during the month, and staff completes these visits as soon as possible during the next month. Ken Nichols agreed, noting that in his region, a list of children who were not visited is generated at the end of each month and these children are seen during the first week of the next month.

Casey Trupin noted that this is an area of tremendous improvement since the start of the settlement agreement. He asked whether the increase between November and December was attributable to the data change to include visits by other agencies in the total counts. Elizabeth explained that this change had actually been made with the data for September 2010.

Bill Grimm asked whether a monthly visit requires narrative in FamLink describing the nature of the visit. Nancy Sutton replied that a monthly visit should include a private conversation with the child, and a text description of what occurred during the visit should be documented in FamLink. Dawn Tatman said that the FamLink report requires that there be narrative in order for the monthly visit to be counted.

CHET Screenings within 30 Days

Elizabeth Jones reported that performance on the percentage of children receiving CHET screens within 30 days of entering care was 94% for November 2010 and 93% in October 2010, exceeding the 90% benchmark.

Early Support for Infant and Toddlers Program Referral

Elizabeth reported that 100% of children were referred to the ESIT program within 2 workdays of the identification of concerns about developmental delays. Performance on this outcome has met the statewide benchmark since April 2010.

CHET Shared Planning Meeting within 60 days of entry to care

Elizabeth noted that the percentage of cases in which a shared planning meeting with a focus on the CHET results was held has increased over time, and was 86% in November 2010.

John Landsverk asked why performance in Region 1 was only 63%. Marty Butkovitch replied that there was an issue with documenting when these meetings has occurred, which the region has been working to improve.

Youth Transition (Exit) Staffings

Joel Odimba, Regional Administrator from Region 4, noted that the percentage of children aging out of care for whom a transition staffing was held had increased over time, but is still well short of the benchmark. He noted that performance on this outcome had increased to 73% in November 2010, and then decreased to 67% in December. Joel noted that there is significant regional variation on this outcome, but that there are very small numbers of children affected which makes performance data more variable. Joel's region, Region 4, achieved 100% performance in December. He said that staff recognize that children aging out of the system are "our" children, and that is important to use this last opportunity to do as much as possible to ensure that they are prepared for successful independent living.

Elizabeth Jones noted that there is a new report from the quality assurance system to help manage this process and ongoing quality assurance activities are helping improve performance on this outcome. Steve Hassett noted that this is an issue that had been neglected in the past, and that great improvements in performance have been seen over the last several months when new strategies were implemented.

Children's Administration Presentation of Quarterly Informational Data

See handout: Quarterly Informational Performance Reports

http://www.braampanel.org/MinutesMar11_Quarterlydata.pdf

Health and education plans in ISSP Updated Every 6 Months

Myra Casey, Regional Administrator from Region 6, noted that the percentage of children in out-of-home care for whom the health and education plans in their ISSP was updated every 6 months was 79% for the first quarter of FY11. This represents an increase from FY10, when performance was 59%. Data for this outcome are based on a case review, and there are a small number of cases reviewed so performance is more likely to fluctuate between time periods. In the first quarter of FY11, only 12 cases were reviewed, because the case review team devoted much of its time to preparation for the CFSR on-site review.

Myra reported that the health & education sections of the ISSP guide have been updated to include additional guidance to social workers regarding what is expected in these plans. In addition, there is a quality assurance plan in the process of being implemented through which Area Administrators will be randomly reviewing 2 plans approved by supervisors per month. In addition, the Fostering Well-Being initiative will help improve performance on this outcome as they are helping gather and document health

information in FamLink and are developing Care Coordination Summaries for qualifying children and youth in out-of-home care.

Adequate Safeguards for Sexually Aggressive Youth (SAY)

Nancy Sutton reported that although there has been variation on a quarterly basis on this outcome, performance between FY09 and FY10 was relatively unchanged—70.3% in FY09, 70.5% in FY10.

Nancy reminded the group that the data source for this outcome is the foster parent survey. Analysis of foster parent survey data shows that the Department does well on providing foster parent training related to sexually aggressive youth, but not as well on developing safety and supervision plans. She noted that the Department anticipates that performance on this outcome will improve in FY11, because several new strategies were implemented during the spring and summer of 2010. In July 2010, an improved version of the safety and supervision plan became available. In August 2010, a training DVD and related handouts were released, and in the fall a new ad hoc FamLink report was developed to assist with quality assurance activities. The Department had a very positive consultation with the National Resource Center for Permanency and Family Connections on this issue.

Jess McDonald asked whether the Department believes that the foster parent survey data accurately reflect work in the field with respect to sexually aggressive youth. Nancy replied that she thought so, at least in Region 5. Jess reminded the group of the significance of cases of this type. He said that it is a small number of children, and it should be possible to achieve 100% compliance. Nancy agreed, saying that every time a youth is placed, the Department should be looking carefully at how the youth will fit with other children and youth in the home. Myra Casey agreed, adding that it is unfair to foster parents to place a SAY youth with a caregiver without a safety and supervision plan.

Bill Grimm asked whether the Department has data on the total number of SAY youth, rather than just those in the survey. Elizabeth Jones replied that a quality assurance system that was implemented last spring looks at identifying these children and documenting whether they meet the definition of SAY, whether there is a safety plan, and whether the caregiver is trained. The Department is working on reconciling data in the QA system with data in FamLink. She estimated that there are about 100-120 SAY youth in these data systems according to preliminary reports.

Casey Trupin noted that the foster parent survey measurement of this item has changed over time, making it problematic to compare performance across years. He asked whether there is a sense anecdotally of whether the Department's practice with respect to SAY youth has improved over time. Nancy Sutton stated that she believes the Department has had a much tighter process of managing these cases for the past 3-4 years. She cited the creation of regional committees, which are now available to consult with workers on these cases.

Adequate Safeguards for Physically Aggressive/ Assaultive Youth

Nancy Sutton reported that performance on this outcome had improved from 52.9% in FY09 to 57.5% in FY10, but was still far from the benchmark of 95%. She said that the Department has implemented the

same strategies for this outcome as for the outcome discussed previously (related to SAY youth), and anticipates that performance will increase in FY11.

Beth Canfield of the Foster Parent Association of Washington State (FPAWS) stated that SAY and PAAY are areas in which foster parents have requested improved training. She said FPAWS has requested mandatory training for all foster parents on understanding SAY/ PAAY behaviors and implementing safety and supervision plans.

Sibling visits and contacts

Nancy Sutton indicated that performance related to the percentage of children with two or more monthly visits or contacts with some or all of their siblings was 51.6% in FY10. She noted that data for this outcome come from the foster parent survey. In FY10, significant changes had been made to the sibling visits section of the foster parent survey, such that foster parents now report on each of a child's siblings and indicate how frequently visits and contacts occurred with each sibling. These changes mean that data on this outcome cannot be compared over time. She said that the recent changes to the foster parent survey in this area had not yielded the information that CA had hoped for, and the Department is now exploring whether a case review might be a better source of data.

Nancy said that the Department is committed to placing children with their brothers and sisters, and having frequent visits when that is not possible. Unfortunately, she noted that performance on this outcome has been flat for a long time.

Nancy said that unlicensed caregivers report greater frequency of sibling visits than licensed foster parents. She said that the primary reasons cited by foster parents for a lack of visits and contacts are the ages of the children and situations in which they reside far apart.

Nancy noted that CA has increased attention to sibling visit plans at Family Team Decision Meetings. The Department also sought consultation from the National Resource Center for Permanency and Family Connections on this issue.

Elizabeth Jones noted that foster parent survey data are anonymous, so it is not possible to follow up to learn more about why visits are not occurring. This makes it harder to implement quality assurance strategies to improve performance on this outcome.

Jan McCarthy asked whether there is information on sibling visits in FamLink. Elizabeth replied that FamLink includes sibling visit case note codes and a sibling visit plan. However, the visit plan document does not have the necessary detail to run a report on whether visits and contacts occurred twice per month. Carrie Wayno added that there is a concern that FamLink data on this subject would represent an undercount, because social workers might count only face to face visits between siblings, not other forms of contact such as a phone call.

Jan McCarthy asked whether this is one of the items that supervisors follow up on during monthly supervision. Elizabeth confirmed that it is part of the guidelines for supervisory reviews with social workers.

Stakeholder comment

Mary Ellen Ward expressed concern about the low level of performance during FY10 on the outcomes related to updating health and education plans in the ISSP. She noted that since the ISSP is submitted to the court, it should be updated in every case. Elizabeth Jones noted that CA had presented more recent (FY11 quarter one) data on that outcome, which showed improvement from FY10. She said that several new strategies have been implemented to improve performance on that outcome, and another strategy is in the process of being implemented which includes a review of a sample of cases.

Dave Wood, Washington Families United, reported on a recent FTDM he had attended. At that meeting, it was revealed that a 5 year old boy has not had contact with his 3 siblings in several months on advice of a therapist. Also, the child has lived in 22 different placements since his birth. He noted that this is one of the problems that Braam was intended to address, and expressed frustration that this type of instability still occurs.

A stakeholder identified herself as an advocate with WA Families United, and agreed with Dave Wood's comments. She noted that in her work with families, she often hears about children experiencing many placement moves, not having visits with their siblings, and being forced onto psychotropic medication. She said that she has seen very little improvement, and feels that there is a long way to go before children and families are well-served by the child welfare system.

John Landsverk commented that there is a lot of concern nationally about the use of psychotropic medication for children, and he noted that this had been discussed earlier in the day. Steve Hassett said that the Department would provide the Panel and plaintiffs with a copy of the policy on psychotropic medications. He said that parental consent or a court order is required before children are put onto these medications.

Denise Revels Robinson reiterated the offer to invite Dr. Jeff Thompson, Medicaid Medical Director, to the June 6-7, 2011 Panel meeting to present on work in Washington state to ensure that children receive psychotropic medications only when it is appropriate and necessary. Panel members agreed that this would be a useful presentation at the next meeting.

Jan McCarthy asked whether foster parent training provides information to help foster parents understand issues related to psychotropic medications. Beth Canfield, Foster Parent Association of Washington State (FPAWS) said that foster parents do receive information on this subject in pre-service training. However, she noted that foster parents are bombarded with information in pre-service training before they have a child placed in their home, and it is not possible for them to retain all of the information. It would be more useful to provide this information to foster parents through in-service training, once they have a child who has been with them for several months and the issue becomes relevant.

Jeanne McShane of the Division of Licensed Resources suggested that ensuring that children have a medical home should help reduce overreliance on psychotropic drugs, because children will not see many different providers, each of whom may prescribe drugs.

Jess McDonald noted that in Illinois, he had seen situations in which family doctors prescribed psychotropic medications to children at the request of foster parents. Beth Canfield suggested that psychotropic drugs should not even be considered until a child has been in care for at least 6 months and has had time to adjust to the trauma of being removed from their home. A stakeholder reported that social workers sometimes tell parents that if they do not consent to having their child on psychotropic drugs, the child will be moved.

A stakeholder said that child fatality reports should indicate whether psychotropic medications and suicide were the cause of death. Becky Smith, CA Director of Field Operations, noted that detailed information on child fatalities is available online. Steve Hassett reminded the group that the Department is required to conduct reviews of unexpected fatalities for all children in the care of the Department or who received services from the Department in the 12 months prior to their deaths. However, the Department is not able to perform an independent assessment of cause of death, but instead relies on the medical examiner's report. The stakeholder indicated that the materials she has seen related to child fatalities do not show details related to whether psychotropic medications may have been related to the child's death. Elizabeth Jones said that she would provide the stakeholder with a link to make sure she has accurate and the most currently available information on this subject.

John Landsverk adjourned the meeting at 4:35pm.

Handouts:

CA Updates, Denise Revels Robinson

http://www.braampanel.org/MinutesMar11_CAupdates.pdf

Braam Panel Presentation- Summary of Monitoring Report #10

http://www.braampanel.org/MinutesMar11_MonRept10.pdf

Updates from Children's Administration and Aging and Disability Services Administration - Slides:

http://www.braampanel.org/MinutesMar11_CApresentation.pdf

Monthly Informational Performance Reports

http://www.braampanel.org/MinutesMar11_Monthlydata.pdf

Quarterly Informational Performance Reports

http://www.braampanel.org/MinutesMar11_Quarterlydata.pdf